24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E) FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼		
Americas PAC C C00559906		
Check if 24-hour report 48-hour report New report Amends report filed on		
Full Name of Payee El Sol Broadcasting	Date of Pub	olic Distribution/Dissemination
		22 2016
Mailing Address 611 W. National Ave.		
City State Zip Cod	e	16000.00
Milwaukee WI 53204		ID: SE.4564 bursement or Obligation
Purpose of Expenditure Media Purchase Category Ty		18 2016
Name of Federal Candidate	Support Office Sought:	House District: 00
RUSSELL DANA FEINGOLD	C Oppose President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2016 Other (s	X Primary General specify) ▶
Full Name of Payee	Date of Puk	olic Distribution/Dissemination
WDDW	06	/ D D / Y Y Y Y Y Y Y Z 2016
Mailing Address 1138 South 108th St.	Amount	
City State Zip Cod	le	28000.00
West Allis WI 53214		ID: SE.4567 bursement or Obligation
Purpose of Expenditure Media Production Category Ty		/ D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought:	House District: 00
RUSSELL DANA FEINGOLD	Coppose President	Senate State: WI
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: 2016 Other (s	Primary General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	······	p. 1 . 25 . 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Tom Donelson [Electronically Filed] Date 06 22 2016		
Signature		